Mailing Address:Telephone (304) 558-2100Location:Financial ConditionsFacsimile (304) 558-1365Financial ConditionsPO Box 50540financial.conditions@wvinsurance.gov1124 Smith StreetCharleston WV 25305-0540www.wvinsurance.govCharleston WV 25301

## PURCHASING GROUP MODIFICATION FORM (\$50.00 Filing Fee)

MAILING ADDRESS					
rease provide the following information to expedite your modification.					
PURCHASING GROUP NAME:					P
MAILING ADDRESS:					
CONTACT PERSON: TELEPHONE #					
HOME ADDRESS:					
CONTACT PE	RSON:		TELEPHONE #:		
☐ ADDING	or	☐ <b>DELETING</b> (please check	k appropriate choice)		
OFFICER/DIR	ECTOR 1	NAME:	TITLE:		
TELEPHONE #:					
OFFICER/DIRECTOR NAME: TITLE:					
TELEPHONE #:					
☐ ADDING INSURER:	or	DELETING (please check	k appropriate choice)	NAIC #:	
INSURER:				NAIC#:	
INSURER:				NAIC#:	
INSUREK:				NAIC#:	
☐ ADDING	or	<b>DELETING</b> (please check	k appropriate choice)		
LINE(S) OF BUSINESS:					
OTHER (as indicated above or please be specific)					

<sup>\*\*</sup>Please note pursuant to W.Va. Code §33-32-17(b), "a purchasing group shall, within ten days, notify the commissioner of any changes..." and, pursuant to Legislative Rule §114-34-2.2, "remit a fifty dollar (\$50) processing fee upon the filing of any registration materials..."\*\*